



FALSE MEMORY SYNDROME FOUNDATION NEWSLETTER

JULY/AUGUST 1998 Vol. 7 No.6

Dear Friends,

"Because of our sense of social responsibility..."

Thus begins the Statement of the FMSF Scientific and Professional Advisory Board. The assembled members of the Board agreed unanimously on a number of fundamental points about what research has shown about memory and therapy practices. It is a strong statement and it is with particular pleasure that we publish it in this issue (page 3).

It is sobering to compare the views of our Board members with those of some other professionals. The Board writes:

"No major mental health professional association has acted decisively to prevent members from contributing to this public health problem."

Contrast that with these words of Dr. David Spiegel:

"I'm not worried about the Texas case and I'm not worried about the Chicago case, because I think these were outliers where there are serious questions about what they were doing. I am worried, though, that there is a militant, aggressive advocacy group that is encouraging all kinds of restrictions on therapy, including requirements for disclosures, consent forms and restriction on ordinary, everyday, sensible psychotherapy, and that part of it bothers me." ⁽¹⁾

The Texas case, Carl v Keraga, was settled for \$5.9 million. The Chicago case, Burgus v Braun, settled for \$10.6 million. Yes, we all fervently hope that these cases are outliers and we all fervently hope that they do not reflect the nature of the majority of psychiatrists.

We agree that there are "serious questions" about the practices of the psychiatrists in these cases. But it should be noted that neither of the named psychiatrists worked in a vacuum. Both Dr. Keraga and Dr. Braun practiced their outlier therapies in accredited hospitals, in plain view—and with the implicit endorsement—of their professions. Both were well known psychiatrists and were well known in their communities. Dr. Braun was well known as a international authority in his field, indeed, he served as President of the International Society for the Study of Dissociation where he exhibited his then-patient, Pat Burgus, as a stellar example

of his work.

Both Dr. Keraga and Dr. Braun are still practicing psychiatry.

If a profession cannot or does not curb the extreme "outliers," what confidence can the public have? What does it say to the public that nothing has yet been done, not one statement written, to discredit space-alien-abduction-abuse, past-life-abuse, satanic ritual abuse therapy or all the other "outlier" therapies? What does it say to mental health consumers that no professional organization has taken any steps to prevent its members from engaging in risky practices that endanger the public?

If professionals who have given approval to "outlier" practice by their silence do not want external restrictions, they must act to solve what they claim is a small problem. One puzzles over Dr. David Spiegel's description of people who are addressing a public health problem as a "militant, aggressive advocacy group." Does the FMSF Advisory Board statement fit that description? We think it is reflection of professionals who do have a sense of social responsibility and who feel obliged to try to protect the public.

This past month, we read an article in the *Philadelphia Inquirer Magazine*⁽²⁾ about the psychiatric diagnosis of Borderline Personality Disorder that indicated to us that critical aspects of the belief system underlying the FMS problem are endemic in professional thinking. Can you guess what many therapists think is the cause of Borderline Personality? Childhood trauma, of course. Can you guess what many therapists think is a way to cure it? Reparenting, of course. It is breathtaking to think that a profession that has been shown to be in error about the the identical etiolo-

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This issue combines July and August.

gy and supposed cure for homosexuality, for schizophrenia, and even for autism could still be promoting the same untested tired ideas.

Perhaps David Spiegel, M.D. is wrong. Perhaps it is not just an "outlier" problem. Perhaps the reason that there has been no decisive action on the part of mental health professional associations to protect the public is because the majority of members of those associations adhere to the same belief system. To challenge "outliers" means challenging some of the fundamental beliefs held by many professionals.

We would like to be proved wrong.

In the meantime, we are very pleased that at least one body of highly regarded professionals in the United States has a sense of social responsibility and has issued a strong statement on memory and therapy practices.

And we are very pleased, indeed, to be members of the organization in whose name they speak.

Pamela

[1] Grinfeld, J. (12/1997) "Criminal Charges Filed in Recovered Memory Case: Psychiatrists Liable for Millions in Civil Suits," *Psychiatric Times*.

[2] Hochman, G., *Philadelphia Inquirer Magazine*, June 14, 1998

special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support:* Toby Feld, Allen Feld, Janet Fetkewicz, Howard Fishman, Peter Freyd. *Research:* Merci Federici, Michele Gregg, Anita Lipton. *Notices and Production:* Ric Powell. *Columnists:* Katie Spanuella and members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

Mistaken Claims

Claim: "The ordinary response to atrocities is to banish them from consciousness." Judith Herman, *Trauma and Recovery* (1992).

Fact: "Scientific knowledge is not yet precise enough to predict how a certain experience or factor will influence a memory in a given person." American Psychiatric Association, Dec 12, 1993, Statement on Memories of Sexual Abuse.

"[T]here is a consensus among memory researchers and clinicians that most people who were sexually abused as children remember all or part of what happened to them although they may not fully understand or disclose it." August 1995, Questions and Answers about Memories of Childhood Abuse. American Psychological Association.

Allen and Toby Feld thank the many people who have sent messages and cards.

On Sunday June 7, Allen was hit by a car while he and Toby were bicycling. He suffered serious injuries and remains hospitalized.

Allen has been a prolific contributor to this newsletter. He is Director of Continuing Education for the Foundation, a position he has held since retirement as a professor of social work.

Events to note:

The Doggetts from Wenatchee were released from prison in June, 1998.

Cheryl Amirault was granted a new trial in April but the judge noted that the children may not testify because their memories are so tainted by the interview procedures.

NBC Dateline is expected to feature a one-hour program on Burgus v Braun in July.

The Leeza show is expected to air a program featuring Nadean Cool on August 25, 1998.

Not surprisingly, abduction reports began multiplying just when, in the 1980s, false memories of "repressed" or "dissociated" incest trauma became a national epidemic. Abduction memories and memories of "forgotten" childhood sexual abuse are conjured in exactly the same way, by applying an unsubstantiated psychodynamic theory to the images unearthed by hypnotherapy, dream analysis, and assorted techniques for stimulating and guiding fantasy. Although the sex abuse specialists see recollections of alien contact as screen memories for incest while the abductionists take the opposite view, they are all playing the same noxious game.

But this parallelism could also give us pause for optimism about the likely fate of the abduction fad. Thanks to the harm it has caused and the attention it has drawn to pseudoscientific notions about the mind that were shared by judges and juries only a few years ago, the recovered memory movement is now in retreat, and the therapists, who swelled its ranks are nervously waiting to be sued by some of the awakened "retractors" whom they deceived. There is every reason to expect a similar end to the scare over extraterrestrials.

Fred Crews

New York Review of Books, June 25, 1998

writing about "The Mindsnatchers" — Budd Hopkins, David Jacobs, John Mack, Whitley Strieber.

*Philadelphia, Pennsylvania
May 17, 1998*

***The Professional and Scientific Advisory Board of the
False Memory Syndrome Foundation
Statement***

Because of the continuing misuse of trust, power, and authority in some forms of mental health treatment, and because of our sense of social responsibility to the victims of these treatments, we, the assembled members of the Scientific and Professional Advisory Board of the False Memory Syndrome Foundation, unanimously agree to the following:

1. We endorse the major conclusions of the Working Group on Reported Recovered Memories of Child Sexual Abuse of the Royal College of Psychiatrists that "there is no reliable means of distinguishing a true memory from an illusory one other than by external confirmation. There are, of course, some memories so bizarre or impossible that they are not credible. If something could not happen, it did not happen." (*British Journal of Psychiatry*, 1998, 172, p. 304)
2. We also endorse their conclusion that "Evidence does not support the existence of 'robust repression'." We would add that because exactly what is meant by the terms "repression" and "dissociation" is far from clear, their use has become idiosyncratic, metaphoric, and arbitrary.
3. Moreover, we find no credible evidence that procedures based on assumptions of the historic accuracy of "recovered memories" of childhood sexual abuse benefit distressed individuals.
4. In contrast, we find increasing evidence that such procedures can severely harm patients and their families.
5. Despite growing awareness of these concerns in public and professional circles, no major United States mental health professional association has acted decisively to prevent its members from contributing to this public health problem.

Therefore, we recommend the following goals for the Foundation:

- a. The Foundation should continue its mission of assisting patients and families, providing scientific and legal information, and educating the community.
- b. The Foundation should seek to dissuade mental health professionals and the public from the practices and beliefs that promote false allegations and ineffective and potentially harmful treatment.
- c. The Foundation's activities should include education of mental health professionals in all disciplines, their respective professional organizations, and the private and public institutions supporting their work.
- d. The Foundation should also direct its educational efforts toward related professionals, such as judges and attorneys, and those in social services and law enforcement.
- e. Finally, the Foundation should strongly encourage further rigorous scientific research in all those disciplines bearing on these issues.

Peer Review of Medical Expert Witness Testimony (H-265.993)

Medical doctors are going to be held accountable by their peers when they serve as expert witnesses. At the American Medical Association interim meeting in December 1997, a new policy was adopted by the House of Delegates. Among the reasons given for this change in policy is the "increase in the amount of medico-legal expert witness courtroom testimony given by physicians which ignores scientific studies, as well as universally accepted standards of medical care;" and the concern that "junk science" does harm to the credibility of the medical profession.

The proposal for the change was introduced by the Illinois Delegation. It was also noted that the state of Florida has already established an Expert Witness Committee as an arm of the Board of Censors. All county and state AMAs are being encouraged to do the same. The policy states:

"(1) the giving of medico-legal testimony by a physician expert witness be considered the practice of medicine, and

"(2) all medico-legal expert witness testimony given by a physician should be subject to peer review of medico-legal expert witness." (Res.221,I-97)



COSA Newsletters are now available electronically:

Casualties of Sexual Allegations, Inc. (COSA) is the organization in New Zealand to which falsely accused families have turned. This organization's fact-filled newsletter is now available electronically.

Web: <http://www.geocities.com/CapitolHill/6708/wcosa.html>

Email: f.goodyear-smith@auckland.ac.nz

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences Study.

Felitti V.J., Anda R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., Marks, J.S.

Am J. Prev Med 1998;14(4)

A questionnaire was mailed to 13,494 adults who had received medical evaluations at Kaiser Permanente in San Diego with a 70.5% response rate. The questionnaire contained seven categories of adverse childhood experiences: (1) physical, sexual or psychological abuse and (2) four measures of household dysfunction: substance abuse, mental illness, suicide attempts or imprisonment. A statistical

Treating Patients with Memories of Abuse:

Legal Risk Management

Samuel J. Knapp, Ed.D. and Leon VandeCreek, Ph.D.

American Psychological Association, 1998

Appendix B - Statements That May Reflect Substandard Practices

1. "You have the symptoms of someone who was abused."
2. "Studies show that (or, My experience is that) most people with [fill in the particular diagnosis or symptoms here] were sexually abused."
3. "If you think you were abused, then you probably were."
4. "Remembering is essential if you want to be healed."
5. "This technique (hypnosis, guided imagery, sodium amytal, etc.) is designed to help you remember."
6. "Suing (Forgiving, Detaching from, etc.) your family is a necessary part of healing."
7. "You have to get worse before you get better."
8. "Your body holds accurate memories of past events."

analysis showed that the more categories of adverse child experiences, the greater the likelihood of adult multiple health risk factors.

The adult risk factors included: smoking, severe obesity, physical inactivity, depressed mood, suicide attempts, alcoholism, any drug abuse, parental drug abuse, high lifetime number of sexual partners and history of sexually transmitted disease. Disease conditions included ischemic heart disease, cancer, stroke, chronic bronchitis, emphysema, diabetes, hepatitis, and skeletal fractures.

The authors note the limitations of this study such as: self-report, retrospective, and the probability that some persons with disease may be more likely to report adverse childhood experiences. They state that the data can "only demonstrate associations between childhood exposures and health risk behaviors, health status, and diseases in adulthood."

Nevertheless, after stating the limitations, the authors slide into the implication of causality. Specifically, the press release states the study "suggests that child abuse and household dysfunction lead to the development decades later of the chronic diseases that are the most common causes of death and disability in this country." (Emphasis added.)

This is a violation of the most elementary rules taught in Psychology I. The fact that A is associated with B does not permit the conclusion that A leads to B. It is shocking to see an elementary mistake in such a comprehensive and expensive study.

Child abuse is wrong regardless of the consequences. Sloppy science undermines the cause.



"If memory is the currency of the courts; 'recovered memory' is counterfeit currency."

Alan Gold
Toronto, May 30, 1998

**What Science Says—and
Doesn't Say—About Repressed
Memories: A Critique of
Schefflin and Brown**

August Piper, Jr., M.D.

Journal of Psychiatry and Law,
Spring 1998

In the Summer 1996 issue of the *Journal of Psychiatry and Law*, Alan Schefflin, Esq. and Daniel Brown, Ph.D., assert that 25 investigations confirm the reality of dissociative amnesia in sexually-abused individuals. "What Science Says..." disputes that claim.

Piper makes a careful analysis of the Schefflin and Brown paper, noting two methodological difficulties. The first is that nine of the 25 investigations were either poster sessions, unpublished manuscripts, or papers read only at conferences. This means that no independent evaluation of these studies is possible. The second difficulty is that two papers were written in Dutch or published only in The Netherlands. Piper was able to obtain only one of these papers. After excluding the non-peer-reviewed and unavailable studies, he was left with

15 studies to critique.

Piper examines the studies from three perspectives: 1) defining sexual abuse, 2) verifying abuse, and 3) defining and verifying dissociative amnesia.

Only three of Schefflin and Brown's 15 investigations provide evidence that they adhered to well-defined criteria for "sexual abuse." Because Schefflin and Brown have such vague criteria for including studies, no one can know how memorable the subjects' putatively-traumatic events actually were. Piper says, "These investigations, therefore, cannot answer a critical question: do they truly demonstrate 'repression' or 'dissociative amnesia'—or do they merely show that subjects forgot non-memorable events?"

Of the 15 investigations, only two provide any documentation that abuse actually occurred. The other studies failed to corroborate histories of alleged maltreatment, or accepted an overly relaxed definition of "confirmed" abuse.

Finally, the studies reviewed by Schefflin and Brown fail to rigorously define "dissociative amnesia." One cannot tell if a person truly cannot

recall an event, is merely feigning amnesia, or is choosing, for whatever reason, not to discuss the event with the interviewer.

A number of studies asked people if there was ever a time when they could not remember their abuse. In comment, Piper quotes Ofshe and Watters:

Asking patients to remember a time when they couldn't remember something is a logical quandary. The question borders on the ridiculous, because it assumes the subject would have knowledge of the status of a memory during a period when that memory, by the subject's own admission, never came into consciousness (*Making Monsters: False Memories, Psychotherapy, and Sexual Hysteria*, Schribner's, 1994 p. 308.)

Piper concludes that because of the "methodological weaknesses of the studies reviewed by Schefflin and Brown, and the strength of the evidence against the dissociative amnesia position," dissociative amnesia in sexually abused individuals has most assuredly not yet satisfied the criteria of science.



"Some of the contributors to this volume [*Traumatic Stress; Effects of Overwhelming Experience on Mind, Body and Society*] believe that dissociation plays a crucial role in the etiology of PTSD and other disorders involving traumatic stress. By a stretch in logic, it is assumed that dissociation leads to PTSD rather than the other way around. Clinically, classical dissociative phenomena are not a prominent or consistent finding in PTSD and dissociative amnesia for the entire traumatic experience is uncommon. Biologically oriented clinicians who conceptualize dissociative symptoms as a manifestation of intense and prolonged anxiety may wonder how a severe character pathology, such as multiple personality disorder and borderline personality disorder (an Axis II diagnosis), are related to PTSD. Some patients with PTSD, dissociative disorders or borderline personality disorder may share a history of childhood sexual trauma: however, dissociative disorders and borderline personality disorder are distinctly different from PTSD in terms of diagnostic criteria, clinical course, and treatment. The undue attention given to dissociation and dissociative disorders (dissociative amnesia, dissociative fugue, dissociative identity disorders (multiple personality disorders) in the context of PTSD does little to enlighten the field of trauma....

"It seems that some contributors to this book want to rekindle the old controversy by resurrecting insights and observations from past masters (Janet, Charcot, Breuer, Freud, and Kardiner) regarding neurosis and traumatic neurosis and relabeling these theoretical concepts as 'trauma' or 'traumatic stress.'"

C.B. Scignar, Book Review
Traumatic Stress; Effects of Overwhelming Experience on Mind, Body and Society
Van der Kolk, McParlane and Weisaeth (Editors), Guilford Press, 1996.

Therapy Training FMSF Staff

- Therapy should be safe and and it should be effective.
- There are over 400 varieties of therapies.
- Only a handful have ever been tested for effectiveness.
- As the FMS problem has shown, some therapies can be extremely harmful.
- No professional organization or government regulatory body in the United States has acted to remove dangerous therapies.
- Professional organizations and government oversight boards have failed in their responsibility to protect the public.

We find no standards for approving continuing education (CE) programs in mental health. Following are some examples of educational programs for therapies whose effectiveness is not known.

Past Life Therapy

"Under the guidance of Dr. Weiss, participants will gently travel back in time to retrieve and release memories of childhood and previous lives..."

From an announcement for "Body & Soul Comes to San Francisco" (Fall 1997) sponsored by *New Age Journal*. CE credits from:

California Board of Registered Nursing
National Board for Certified Counselors
Illinois Department of Professional Regulation for Registered Social Workers

Focusing

"Focusing is a step-by-step process of paying attention to a bodily sense of a situation, problem or creative project. Access to an at first unclear bodily sense-of can be taught— but is not yet widely known. It is more physical than feelings, and not merely body sensations, but the juncture where meanings are bodily [sic]. Creative change arises at this directly sensed edge of awareness, whether in thinking, psychotherapy, self growth, art, or healing."

The following Specialty Workshops are offered

- Dreams and Focusing • Interactive Focusing • Thinking Experientially • Inner Child Work and Focusing • Psychotherapy and Focusing • Body Work and Focusing

"Come Think at the Edge..." was a Focusing program offered in September 1997. The brochure included the following statement:

"Our bodies are at least plants. Philosophy and Psychology cannot begin with Perception. Interaction is prior."

The Focusing Institute in New York State is an approved American Psychological Association provider, although Focusing is not a therapy.

Physio-Affective Reassociation Therapy (PART)

"PART combines the research base of psychoneuroimmunology, stress and chronic pain/chronic illness with the intuitive understanding and wisdom of subtle energy channels in the body that can block or facilitate healing. When united with the artistry of Ericksonian hypnotic techniques, the result is a powerful synthesis of Eastern and Western approaches to healing."

The above description comes from a brochure for Certification Training in Mind/Body Medicine. This program is presented by the National Academy of Clinical Hypnosis. Among the advertised benefits:

- install positive resources using eye movement therapy
- explore the clinical usefulness of energy medicine
- use intuitive/Divine guidance to assist the healing process
- access the spiritual dimensions of mind/body medicine

The brochure also says that readers who cannot attend a seminar can purchase the Mind/Body Medicine Video Training Program for \$295 and earn 24 CE credits.

The National Academy of Clinical Hypnosis is approved by APA to grant CE credit.

Pathways to Healing

"Healing includes the activation of three distinct forms of memories, DNA, immune system, and remembered wellness. This inspiring and insightful program describes how healing actually occurs and provides ways to promote everyday health and well being."

From a brochure advertising seven seminars in Washington and Oregon for Fall 1997. The programs are sponsored by CorText, an organization approved by the APA to provide CE credits.

New York Center for Psychoanalytic Training

Workshops begin in October 1998

IT WASN'T A DREAM:

RECOGNIZING AND ANALYZING THE SYMPTOMS OF
CHILDHOOD SEXUAL ABUSE IN ADULT PATIENTS

"The most careful and well-conducted psychoanalyses and psychotherapies often fail to uncover traumatic abuse that is at the heart of the patients' difficulties. Rarely do memories of abuse occur clearly and directly. Instead they are reproduced as symptoms, mental distortions or reenactments...."

Past Life Therapy Correction

We were in error when we listed the American Psychological Association as approving continuing education credits for some Brian Weiss seminars on Past Life Therapy provided by New Age Publications (FMSF Newsletter 6/98, p. 13). Our information came from two telephone calls to the number listed on the brochure to ask what organization approved the credits for psychologists. On both occasions we were told the American Psychological Association. That information was wrong: New Age Publications is not a provider approved by the American Psychological Association.

**New Trial Ordered for Cheryl Amirault LeFave;
Youths' "Tainted" Testimony is Barred in Day Care Retrial**
Goldberg, C., *The New York Times*, 6/13/98

On June 12, Massachusetts Judge Isaac Borenstein affirmed a ruling granting a new trial to Cheryl Amirault LeFave, one of three family members convicted more than 10 years ago in the highly publicized Fells Acres Daycare Center case. The decision, based on new studies that show that young children can be pressured to make false statements, is the first U.S. trial court to decide that the studies constitute "new evidence" for the purpose of obtaining a new trial.

In a decision that could have implications in hundreds of child abuse cases around the nation, Judge Borenstein ruled that none of the children, now teen-agers, would be allowed to testify in the new trial because their testimony would be "forever tainted" by the interview techniques used by investigators. Judge Borenstein viewed videotapes of the children's interrogations, and read aloud excerpts of transcripts in his ruling to show how the questioners pushed children to give certain answers. "There are so many examples in the evidence of this case of the improper procedures that it would take days to go through them," Borenstein said as he read his decision to the court. "This case should leave no one confident except for one thing—justice was not done."

The Fells Acres case is 14 years old, and one of the last cases pending among the wave of major day-care sexual-abuse trials in the 1980s. Ms. LeFave and her mother, Violet Amirault, were convicted in 1987 and sentenced to 8 to 20 years in prison. They were released in 1995 when another judge ordered a new trial, finding that the court's seating arrangement had kept them from confronting their accusers. Then the state's Supreme Judicial Court reinstated the convictions in March 1997. But in May last year, Borenstein granted the women a new trial saying they did not get effective counsel from their lawyers.

Judge Borenstein also dismissed all charges against Violet Amirault posthumously. (She died of cancer last September at age 74 while free awaiting a new trial.) It is believed that the ruling holds promise for the third defendant in the Amirault case, Gerald Amirault, who is in prison serving a sentence of 30 to 40 years after being convicted in 1986 on the same evidence.

Prosecutors say they will appeal the ruling to the Massachusetts Supreme Court.

Judge Isaac Borenstein read the following excerpt from an interview to show how insistent investigators were with children in the Fells Acres case. His excerpt began with a girl saying, "They did not take my picture."

Q. Who took your picture?

A. No one.

Q. Didn't you tell your mommy that?

A. (She shakes her head no.)

Q. Who did you tell then, that Cheryl and Tooky (Cheryl Amirault LeFave's brother) took your picture? You tell me.

A. (It is inaudible.)

Q. Did somebody else take your picture?

A. (She shakes her head no.)

Q. Did anyone ever take your picture?

A. No.

Q. No one ever, ever took your picture?

A. No.

Q. What about your mommy, did she take your picture?

A. No.

Q. Your daddy?

A. No.

"It goes on and on and on...refusing to take no for an answer," Borenstein said. He called the interviewing techniques "highly prejudicial and irreparable."



**State Supreme Court: Expert Witness Not Immune
from State Licensing Board Action**

Deatherage v. Washington State Examining Board of
Psychology, 948 P.2d 828 (Wash. 1997).

The Washington Supreme Court reversed the Washington Court of Appeals and held that a psychologist testifying as an expert witness is not absolutely immune from state licensing board action based on his civil court testimony. The lower court had issued a decision barring the state psychology board from sanctioning the psychologist's license after finding he failed to follow ethical standards when he testified in three child custody cases. The lower court based its decision on the principle of trial witness immunity, but the state supreme court disagreed, holding that witness immunity is not a defense to a disciplinary proceeding.

The state's highest court said that witness immunity is a judicially created privilege that has been extended to protect an expert witness from civil liability. Witness immunity allows an expert to participate in trials so the court can benefit from candid expert testimony. A disciplinary proceeding, the court held, is not a civil action to which such

immunity applies. The state supreme court emphasized that allowing experts to be disciplined for unprofessional conduct in connection with their testimony furthers the judiciary's interest in obtaining accurate testimony and the licensing board's interest in protecting the public.



Oregon State Board Plans to Revoke Licenses of Two Psychologists *The Register* (Oregon), June 7, 1998

Oregon plans to revoke the licenses of two psychologists who convinced a woman that she was a victim of satanic torture and that her sons were abused by a cult which included all members of her family and her husband's family. The Oregon State Board of Psychologists Examiners determined that Sophia Carr and Chyril Walker breached the boundaries of professional competence and misused their influence; causing harm to Jennifer Fultz and her family. The board, in its written orders, said the therapists' work with Fultz was unsupported by science and professional standards. The case marks the first time the Oregon board has addressed repressed memory therapy.

The complaint was filed with the state in December 1996 shortly after both psychologists settled a malpractice suit filed by the Fultz family.^[1] The plaintiffs, joined by their lawyers and three prominent Portland psychologists who had become acquainted with the case, including FMSF Advisory Board member Dr. Loren Pankratz, filed the complaints with the Board. Carr and Walker have the right to contest the board's revocation decisions before a hearings officer. Both therapists have been on leave from their practices for more than a year.

"It's good news," said Jennifer Fultz. "They shouldn't be practicing, and we need to send a message out to other psychologists who are practicing this way that it's dangerous and it does destroy lives."

Ms. Fultz's attorney, J. Michael Dwyer of Portland, Oregon, described the Fultz case as "a warning shot" to those Oregon psychologists who are transmitting their own beliefs about a widespread satanic conspiracy to their patients and using MPD as a rationale for the patients' inability to recall the abuse prior to contact with the therapists. Mr. Dwyer, who is currently representing several other patients who have suffered from false memories caused by therapy malpractice, noted, "Unfortunately, the therapy in the Fultz case is hardly unique in Oregon." "Hopefully," he said, "this first lawsuit and the Board's recommendation will chill the further spread of such destructive therapy."

[1] The malpractice suit against psychologists Carr and Walker was settled with Walker for \$1.5 million in 1996 and with Carr for an undisclosed amount soon after. Neither therapist admitted wrongdoing. See FMSF Brief Bank # 72. See also, FMSF Newsletters, June 1996 and September 1996.



Psychiatric Malpractice Trial to Begin June 26th Marietti, et al., v. Kluft, Dissociative Disorders Program and Institute of the Pennsylvania Hospital, Ct. of Common Pleas, Phila. Co., Penn., No. 9509-02260.^[2]

A psychiatric malpractice suit arising from the treatment of Nancy Marietti by Richard Kluft, M.D., is scheduled to go to trial June 26th in Philadelphia. The suit was filed in March 1996 by Nancy, her husband, and parents. Plaintiffs claim that Dr. Kluft used suggestive and coercive techniques which caused Nancy to falsely believe that she was the victim of childhood sexual abuse by her father. Plaintiffs also allege that the Institute of Pennsylvania Hospital where Nancy was hospitalized failed to establish procedures to insure that patients would be cared for in a skilled, competent fashion and to insure proper supervision.

The Complaint states that Nancy, having been improperly diagnosed as suffering from Dissociative Identity Disorder (Multiple Personality Disorder), was counseled by Dr. Kluft that her condition was caused by repeated childhood sexual abuse by her father. Dr. Kluft told Nancy that in order to be cured of her mental illness, she would have to "recover" her repressed memories of childhood abuse and break off relations with her parents. According to the Complaint, during the course of her therapy, Dr. Kluft engaged in an improper regimen of treatment to force Nancy to produce "memories" of childhood sexual abuse. This regimen included repeated hypnosis, the administration of drugs, and mental and physical restrictions.

Much of the financial cost of Dr. Kluft's treatment, which involved turning Nancy against her parents on the basis of these falsely implanted memories, was borne by the parents themselves. When the parents' financial resources available to pay for the treatment were eventually depleted, Dr. Kluft counseled Nancy that their discontinuance of payment was further confirmation of the truth of his accusations of parental abuse. Nevertheless, Nancy was discharged from Dr. Kluft's care after she was no longer able to pay for continued treatment.

Defendant Kluft moved to dismiss the claims by Nancy's parents on the grounds that they were never his patients and that the duty owed by a physician arises only from the physician-patient relationship. In September 1997, this motion was denied.

[2] See FMSF Brief Bank #192.



Wenatchee Couple Are Freed^[3]

Early June was a wild roller-coaster period for a Wenatchee couple when a Washington appellate court first ordered their release from prison, then reversed itself, and finally without explanation, reversed itself again and freed the couple. Carol Doggett was freed on June 10 and her hus-

band Mark on June 12. They await a decision from the Washington Supreme Court next month on whether it will order a new trial for them.

The Doggetts were arrested along with dozens of others in Wenatchee in 1994 and 1995. They faced 1,000 counts each of child rape. Each was convicted of one count of child rape and molestation and was sentenced to nearly 10 years in prison.

Last December, their convictions were overturned by the appellate court pending a new trial. The court ruled that the original trial judge improperly allowed use of hearsay evidence, allegedly from two therapists who treated the Doggett children. Three of the Doggetts' four children said Perez pressured and cajoled them into accusing their parents. The eldest, Sarah, has insisted that there was no abuse. The court also ordered that if a new trial were to be held, interrogation techniques used by Perez and Child Protective Service workers to gather evidence against the couple first had to be examined.

[3] *State of Washington v. Carol M.D. and Mark A.D.*, Court of Appeals, Washington, Nos. 15014-3-III, 15040-2-III, unpublished, June 10, 1998. See also, CBS investigative journal, 48 Hours, (5/28/98) which recently interviewed the Doggetts and their oldest daughter Sarah, now 19, who has sought to free her parents since their arrest. The Doggetts' successful appeal to higher courts was possible only because this daughter, almost killed in a car wreck during the years she was in hiding from Washington social workers, gave up her \$100,000 insurance settlement to find justice for her parents.

"It will be months, even years, before all the lessons of the Wenatchee child sex ring investigations are learned. But there is something we know right now: Official interviews with children in sex abuse cases should be videotaped. A record of those always delicate, but often crucial interrogations must be kept. Interpretation of various voice inflections, gestures and rhetorical nuances cannot responsibly be left solely to the judgment and memory of the interviewer. We cannot help but find law enforcement's objections to video-taping disingenuous. The existence of such an objective record is more a threat to mischievous law enforcement officials than it is to innocent children." Editorial, *Seattle Post Intelligencer*



Wenatchee Civil Rights Case Sent to the Jury
Rodriguez, et al v. Perez, et al, Superior Ct., Chelan Co., Washington, No. 96-2-00704-2.

The jury in the Wenatchee trial— after 10 weeks of testimony— heard from the last of more than 50 witnesses on June 9. The jury will return June 18 for closing arguments. Representatives from both sides have met to discuss an out-of-court settlement, but those talks were unsuccessful, according to plaintiffs lawyer Robert Van Sieten.

The primary plaintiffs in the \$60 million civil lawsuit allege their rights were violated when they were accused of child rape and molestation in a 1994-95 sex-ring investigation. The defendants in the case are the city of Wenatchee and two city police officials, including Robert Perez, the lead detective in the case; the state of Washington and Child Protective Services; and Douglas County and three representatives of its Sheriffs Department. *The Wenatchee World* and the *Seattle Post Intelligencer* continue to report high-lights of trial testimony.

On June 1, Judge Michael Donahue denied all motions from the city of Wenatchee to dismiss claims against it, ruling that the city was given enough notice of problems with its child-sex-ring investigations that its failure to address them may be evidence that it violated the civil rights of those accused. The judge also let stand civil-rights claims against three members of the Douglas County Sheriff's Department but threw out a defamation claim against Douglas County. In an 11-page ruling made just prior to defendants' presentation of their case, Judge Donahue ruled there was evidence that Perez both coerced witnesses to make accusations and retaliated against critics.

The judge said the evidence could show the city's responsibility went to "the highest policy-making levels" when it allowed Perez, its lead sex-abuse investigator, to function in "a conflict of interest" by "acting at the same time as foster father of the primary complaining witness." "When faced with a conflict of interest, Wenatchee defendants had the power to do something about it. The Wenatchee defendants made a conscious decision to permit that circumstance to continue," Donahue wrote.

The rulings on the civil-rights claims are considered significant because those claims allow jurors to award big-money punitive damages if they find authorities trampled the rights of plaintiffs.

Late in May, the judge dismissed four state Department of Social and Health Services employees and private counselor Cindy Andrews from the trial. Because of the way the case is structured, all five will be tried in a separate trial on similar claims. Plaintiffs argue that Andrews used recovered memory therapy in treating several of the children, including a girl who was one of the chief accusers in the investigation.

The defense surprised the courtroom when it rested its case on June 4, after calling fourteen witnesses over a span of five days. In opening arguments at the trial Pat McMahon had told jurors he would prove with medical evidence that the children were raped and molested in the Wenatchee area by plaintiffs. The defense did not, however, call any of the physicians who had performed colposcopic exams of seven girls. McMahon said he only needed to prove "probable cause." The assistant state attorney general said most of the

parties with knowledge of the events had already testified.

The plaintiffs, meanwhile, had emphasized themes of negligence and constitutional rights violations by authorities, particularly evidence so tainted that the accused could not fairly confront their accusers. Detective Perez's name came up often in testimony.

A former social worker who said he was fired for criticizing the investigation testified that Perez was abrasive and threatening when he questioned people. Once in 1994, Perez placed his gun on a table as he repeatedly told a third-grader that she wouldn't be allowed to go back to school until she told him about abuse. "She was very scared and she started to cry," the witness said.

The jury heard from the oldest brother of two of Perez's foster daughters. The boy said his sisters probably made up their accusations under pressure from Perez and other authorities "because I felt pressure when I was in an interview, and so I believe they could have been pressured." One of the boy's younger sisters, now 15, implicated dozens of people in the sex abuse probe and was the foster daughter of Perez. In 1996 she recanted the allegations, saying she had been pressured by Perez into making them. She was then taken into state custody and placed in a series of group homes and psychiatric hospitals. In June 1998, the defense argued that she was too ill to testify at the civil trial. A deposition was taken on Feb. 19, 1998 in which the girl claimed she recanted because Pastor Roberson threatened to kill her—but said she couldn't remember the words Roberson used to threaten her or how he did it. The jury viewed the 1996 video tape recantation and heard the 1998 deposition read in court.

The biological parents of two foster children in Perez's home confessed to sexual abuse during the scandal, but their mother—who is illiterate, with an IQ of 68—told the civil jury she confessed only because "I was scared and I didn't know what to do." She said Perez told her "if I would tell him something, he would let me go—he wouldn't put me in jail."

A veteran Wenatchee police sergeant who was assigned to assist detective Perez testified about implausible details he documented in his reports of interviews the two had conducted. Perez had habitually destroyed not only his notes of interviews, but the notes of other officials. The sergeant's notes survived and contradicted some points of Perez' reports.

Elizabeth Loftus, a psychologist at the University of Washington testified that authorities in Wenatchee should have been more skeptical. "The sheer number of rapes and sodomy going on for so many years while nobody noticed, you'd think would have raised a red flag in someone's mind."



More Civil Rights Suits Pending in Wenatchee; Awards May Be Borne by Taxpayers

The Wenatchee World (6/2/98) reports that 8 more civil rights suits have been filed by members of the Wenatchee community who were imprisoned as part of the 1994-95 sex-ring investigation. Additional suits are being contemplated. Officials for the insurance companies and government agencies being sued admit that the plethora of litigation is one of the reasons they have been hesitant to settle the case out of court. They fear a settlement will increase pressure to settle other suits. The amount of money paid out could total millions of dollars—even to the point of putting taxpayers at risk.



National Lawyers Group Takes up Wenatchee Fight Schneider, A. *Seattle Post Intelligencer*, June 3, 1998

Trial lawyers, law professors from the University of Washington and their students will provide legal aid for many of the 16 men and women who were imprisoned because of the Wenatchee child-sex prosecutions. The National Association of Criminal Defense Lawyers said it will assist and probably help pay for the legal work under an effort called "Innocence Project Northwest." "The investigations, prosecutions and trials in the Wenatchee cases is just the type of gross miscarriage of justice that the Innocence Project was created to address," said Cheryl Amitay, special counsel for legislative affairs with the criminal defense lawyers association.

The Seattle Innocence Project was started last fall by Professor Jacqueline McMurtrie and local lawyer Fred Leatherman. Under the program, an experienced lawyer will supervise and manage a team of two or three law students, who will do the legal research and legwork. Together, each group assigned to a specific prisoner will develop the legal motions needed to get the convictions re-examined by the appellate court.



National Groups and Wenatchee Lawyers Seek Federal Review

The ACLU, The National Association of Criminal Defense Lawyers, The National Justice Committee and other organizations (including the FMS Foundation) have repeatedly called for federal investigations by Congress, the Justice Department and the Department of Health and Human Services. During June, two public defenders, Jack Hill and Kathryn Lyon, spent 10 days in Washington D.C., meeting with legislators and federal agencies.

According to the *Seattle Post Intelligencer* (6/4/98), investigators and lawyers for two divisions in the Justice

Department and three separate parts of Health and Human Services now say privately that they are already reviewing court, police and Department of Health and Human Services material and may open investigations. If the Department of Health and Human Services gets involved, its lawyers say they want to examine how federal money was spent by the Department of Social and Health Services in Washington state. They question whether there was justification for the hospitalization, heavy medication and therapy of many of the children until they disclosed abuse. They may also consider whether these expensive services were being used as witness management, or to keep the children from admitting they had been forced to lie.

According to the same *P-I* article, investigators for one section of the Justice Department say that if they get the go-ahead, they'll consider examining the same mental health treatments to see if the civil rights of the children were violated. In another Department in Justice, a lawyer says he would like to look closely at areas including whether the accused, many of whom were severely retarded, were offered an adequate defense, as the law demands. And the techniques used in obtaining confessions from the accused may be examined.



Massachusetts Man Found Innocent of Assault
Lowell Sun, 6/6/98 State of Massachusetts v. Dascoli,
Middlesex Superior Ct., Mass., No. ____.

In June 1998, a criminal charge of child molestation was dismissed after a judge ruled the victim's repressed memory of an alleged attack six years ago was not enough to convict the man. The judge's decision came less than an hour after the prosecutor rested her case with the woman's testimony. The woman, now 19, said that in 1992, defendant assaulted her, but that the memory was buried until it was recalled with a psychiatrist's help. The memory of the attack coincidentally came back to the woman at a time when the defendant's wife, the woman's friend, was going through a nasty divorce and custody battle with defendant.



Canadian Recovered Memory Case Ends in Conviction
Roik, R., "Intern's Tale of Assault," *Ottawa Sun*, 6/9/98

In June 1998, an Ottawa doctor was found guilty of sexually assaulting an intern he supervised 12 years ago. The former intern said that it was not until 1996, when she heard on the radio that Dr. Saul Markman had been accused of sexually assaulting three nurses, that her own memories were stirred "quite vigorously." Two expert witnesses for the defense testified that the woman's memory of the attack likely resulted from her therapist's use of recovered memory treatment. They pointed to the 10-year delay in the

woman's charges and the increasing detail that developed during the 10 months after she went to police as suggestive that she had "recovered" false memories.

The trial judge said he found the Complainant to be a credible witness and said that her memories might be suspect if they were from her childhood rather than her adult years.



Status of Repressed Memory Claims in Canada

The president of the Criminal Lawyers' Association, Alan Gold, recently asked Canadian Justice Minister Anne McLellan for a federal review of all convictions based on "repressed memory" claims. According to a *Vancouver Sun* reporter, Justice McLellan invited prisoners who feel they were wrongly convicted to employ a little-used section of the Criminal Code of Canada that allows the federal justice minister to review their convictions. McLellan also said she would raise the issue with her provincial counterparts in meetings during the year, and in the meantime said her ministry would consider applications she received.

As part of its legal survey, the FMSF has tracked a substantial number of Canadian delayed-file cases since 1992. These cases were filed years after the alleged abuse took place. The reason for the delay in filing is in some cases given as a loss of memory of the event (e.g., repressed memory.) According to data available May 1998, *delayed-file* cases have been filed in nearly every Canadian province. (Alberta, 10; British Columbia, 54; Manitoba, 15; New Brunswick, 2; Newfoundland, 2; Northwest Provinces, 2; Nova Scotia, 8; Ontario, 113; Quebec, 4; Saskatchewan, 2.) These numbers represent only those lawsuits of which the Foundation has been informed and clearly underestimate the total number of filings.

In Canada, over three-quarters of delayed-filed cases are criminal actions. (In the United States, most are civil suits seeking monetary damages.)

Most of the Canadian criminal suits were tried after 1992. According to FMSF Legal Survey records, 38 delayed-filed claims ended in a conviction and 31 in an acquittal. Although the FMSF has made efforts to track each delayed-file case to its conclusion, over 40 criminal cases are currently listed as unresolved. Some of these cases are known to be pending; several defendants are awaiting retrial after an earlier conviction was overturned. Some of the suits may have been resolved, but their outcome has not been reported to the FMSF.

Of the cases in which documents verify that a "memory loss" claim was made, 22 ended in a conviction and 24 in an acquittal. 12 of these criminal cases have an appeals history: on appeal, 9 convictions were reversed and a new trial ordered. At least 2 defendants were acquitted on retrial.

Something Terrible Has Happened

Adapted from a talk presented by
Charlotte Vale Allen at the Annual
Meeting of Families, Friends and
Professionals. May 30, 1998, Toronto

Fifty years ago my father warned me that if I told anyone about our "secret," I would be whipped and beaten and sent to prison. And he would be, too. I couldn't imagine that the police would beat a seven-year-old, but I did think they'd probably beat a grown man. And since he was, after all, my father, it was best not to take that chance. I didn't want him to be hurt.

In the years that followed, I began to think more and more often about telling someone, anyone about the secret that was starting to weigh upon me so heavily that I often thought it might drive me right into the ground. But what held me back was the certain knowledge that no one would believe me. I was known to be a highly imaginative child. This story I had to tell about my father would simply be another example of my overactive imagination running wild.

What strikes me as utterly ironic is that today anyone can denounce a parent as a sexual abuser and very few people will doubt it.

Somewhere between my experience as a child and my present-tense knowledge as an adult, something truly terrible has happened. We have become a population that always sees fire where there's a bit of smoke; we believe categorically in the presence of the creature if someone cries wolf; and to a frightening extent we've allowed the accusation itself to be proof of the act.

Cheerleaders of the "Smoke without Fire" brigade are dedicated bucket carriers prepared, with nothing more viable than their dogged convictions, to defend the scores of newly manufactured victims churned out by the quack factories.

What I find a little alarming about these so-called victims is their fondness for their new status, and their absolute determination not only to seek redress

for their imagined injuries but also their love of their newly-acquired syndromes. This love is so all-embracing that when, for example, the status of their adored MPD has been threatened, they've hastily changed its name to DID. And since recovered memories are getting bad press, they hasten to apply the new name of Traumatic Amnesia to what everyone here knows is no more than an absence of memory—until dragged into existence by an expert in these reclamation projects.

There is a fire and children are damaged in it every day. There are wolves but, they don't join forces as complete family units to speak of their innocence. The real wolves are cunning loners, whose victims only wish they could forget their experiences. But a much-repeated experience that involves threats and pain and fear and isolation is simply not forgettable. To suggest that it can be forgotten goes against everything I've learned in almost forty years of discussing common experiences and shared reactions with hundreds of other victims of long-term abuse. Each and every one of us can recite chapter and verse. It is an experience that shapes the person we become, the parents and partners we become, the very essence of who we are. To suggest that such an assault on the sensibilities of a child is capable of being forgotten is to deny basic human instincts. We do not forget.

When I set out to write this piece there were two points I wanted to make. The first was how the attitude of the general public has changed toward the subject of child abuse, in terms of an acceptance of its existence.

The second has to do with something I know and something every falsely accused parent also knows. And it is this: We each know what did or did not happen, but in both cases, in the prevailing climate, neither of us is likely to be believed. I feel a large responsibility for this climate because I worked so hard to get the door open and bring an awareness of child abuse to the public—for the sake of the children. I could never

have dreamed that my honorably intended efforts would provide what so many unscrupulous people would come to view as a doorway into a goldmine. Now I'm working to keep that door open for the children but also to bring some common sense back to the issue.

Radical feminist propaganda would have us believe that all men possess within them the inclination, if not the proclivity, toward child abuse. And all women who claim to have been abused must, from the unified front of sisterhood, be believed. Well, not necessarily. Let's get some facts first, then see where we are. But let's not just accept every statement uttered as gospel.

Finally, on a personal note, I would like to say what I have felt since I first walked into an FMSF meeting in Connecticut more than two years ago. I have, as I said earlier, talked over the years to hundreds of abused men, women and children. And it's been hard sometimes to hear their stories. Each story was different; no one I encountered had been involved with Satanic cults; and every last one of us was working to preserve whatever family connections we had. But nothing could have prepared me for the impact of meeting a roomful of people who'd found the courage to come together in shock, desperation and sorrow to try to comprehend the terrible betrayal they'd experienced at the hands of their children. Only people bereft of compassion or lacking hearts altogether could meet a group possessed of such hope and bewilderment, and condemn them out of hand.

Knowing as I do what an abusive family really is, I have to say that I'd be happy to be related to any of the families represented here today. And I will continue to speak out until the madness of recovered memories and its attendant carnage has ended.

Charlotte Vale Allen is the author of more than 30 novels. Daddy's Girl (1980), was among the very first books about overcoming an abusive childhood.

MYTHS AND HARD LINES

August Piper, Jr. M.D.

Hey, Doc,

I don't understand. If this so-called therapy to "recover long forgotten horror" never or almost never results in healthy, happy, and immensely relieved former patients, why is the "therapy" so doggedly continued? Are these therapists unaware of their efforts' results?

Or is the FMSF Newsletter misleading us? That is, is there a wealth of truly recovered, solidly happy and healthy former patients of these therapists that the newsletter is simply keeping from us?

Or are we dealing here with a special class of therapist who will not let go, regardless of results; who are so obsessed with immense sexual evils of every kind—natural, supernatural, and alien—that they must devote their lives to rooting out said evils and exposing them in the lives of anyone available to them?

(Signed) California Dan

* * * *

Our country has taken a legal approach to the problem of recovered-memory/trauma-search therapy. In my opinion, such use of the law has occurred in part because professional organizations have demonstrated, sadly, that so far their backbones have lacked starch. I mean that these organizations have shown a shameful reluctance to inform the public about the shaky logical and scientific foundation supporting these therapies.

This legal approach has one significant disadvantage. Therapists who fear being sued for recovered-memory malpractice tend to be wary of speaking for attribution: they don't want to say something that could come back to haunt them in the courtroom war. Lawsuits stifle communication; it's therefore difficult to talk to memory-recovery practitioners and ask them why they continue doing what they do.

In the absence of such a survey, the following speculations are offered:

Both memory-retrieval therapy and treatment for multiple personality disorder, it is claimed, require years of psychotherapy. Cynics can thus always entertain dark suspicions that unsavory pecuniary motives are influencing recovered-memory clinicians' treatment practices. But based on my admittedly unscientific contacts, I think "filthy lucre" is a secondary consideration for most—but not all—of these therapists. Rather, in my opinion, most of these practitioners truly believe in what they are doing.

Other trauma-search therapists are clearly motivated by the scent of fame. I know one who seemed quite enamored of the idea that he would be on the "cutting edge"—his words—of MPD treatment. Still other clinicians continue such therapy because it's the only kind they know how to do. And still others, it seems, appear to enjoy the challenge and fascination of working to recover memories (even though at least some of the challenge results from the therapists' inappropriate treatment practices: misusing hypnosis, overemphasizing childhood sexual experience as a cause of adult difficulties, employing grossly suggestive treatment techniques, failing to set reasonable limits on patients' behavior, and so on).

California Dan wondered if memory-recovery therapy ever resulted in happy and healthy patients. I have three comments. First: who knows? Has any reader seen published outcome studies from a series of such patients? I haven't.

Second, the phenomena of concern to psychotherapists are, of course, highly subjective. It's thus fiendishly difficult to know for certain whether patients have or have not improved. This problem, in turn, leads to another: it's very hard to disprove a claim that this or that psychotherapy is efficacious. The result of these difficulties is

uncomfortably obvious—weed-like proliferation of quack psychotherapies.

And finally, in one sense, results don't matter anyway. The reason has to do with psychotherapy theories as myths. A myth can be defined as a belief not subject to disproof. An example would be "An MPD patient must have been abused, and if that patient works through the abuse, she will improve." But what happens when a therapist encounters an MPD patient who, for month after dreary month, works through her abuse—yet doesn't improve, and in fact, becomes worse? Does the therapist modify the theory? No—in collisions between fact and myth, fact often comes in second. The original myth must be defended. Thus other theories—such as, "MPD patients have to get worse before they get better," or "If six hours of therapy each week isn't helping, she needs nine"—are rushed to the ramparts to defend the myth.

* * * *

I want to respond to the parents who wrote: "She Must Apologize First," appearing in the April 1998 FMSF Newsletter. This was the letter in which the parents said the following:

We note in the many letters to the FMSF Newsletter that people seem to regard their daughters as victims of their therapists. It seems to us that by doing this the parents continue to permit the daughter to consider herself a victim and to avoid responsibility.

Although we also lay blame upon her therapist as well as upon the many others (including many so-called Christian organizations, politicians, the media, NOW, the psychology industry, etc.), we do not excuse our daughter and her husband. We hold them accountable for the terrible thing they have done.

We should all have compassion for people's weaknesses and problems. Nevertheless we believe very strongly

that such difficulties do not normally relieve people of accountability for their actions. The false memory problem is one of the fallouts of the victimhood concept that permeates our whole society.

To allow our daughter back in the family without her accepting culpability for what she did is to perpetuate the evil. This, my wife and I absolutely will not do.

I agree with the hard-line position expressed in this dignified, even magisterial letter. Of course, it's quite easy to have an opinion about something one hasn't personally encountered. I therefore discussed this position with another accused father who provided an eloquent rebuttal to the position taken in the letter above. The father's rebuttal contained high-minded as well as utilitarian considerations. In essence he said the important thing was to have his daughter back in the family: because he loves her, and because he believes she has a far better chance to come to the truth if she has contact with the family. He also mentioned the healing virtue of forgiveness. And finally, he said, "I know I'm innocent. I don't need anyone to confirm that I am."

I suspect the hard-liners are a distinct minority in the Foundation. What do readers think?

August Piper Jr., M.D., is the author of *Hoax and Reality: The Bizarre World of Multiple Personality Disorder*. He is in private practice in Seattle and is a member of the FMSF Scientific Advisory Board.

Recovered Crimes: Sexual Abuse Reported to the Police after Therapy.

Advice to the Minister of Justice
NISCALE Technical Reports Series -
TR 98-01 P.J. van Koppen

The official English version of this very important document is now available. Contact the Netherlands Institute for the Study of Criminality and Law Enforcement, P.O. Box 792, 2300 AT Leiden, The Netherlands
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M A K E

A DIFFERENCE

When bad men combine, the good must associate; else they will fall one by one, an unpitied sacrifice in a contemptible struggle.

Edmund Burke Vol. i. p. 526.
Thoughts on the Cause of the Present Discontent

This is a column that will let you know what people are doing to counteract the harm done by FMS. Remember that seven years ago, FMSF didn't exist. A group of 50 or so people found each other and today more than 20,000 have reported similar experiences. Together we have made a difference.

Illinois: A member of the Illinois FMS Society, living in Decatur, noticed an advertisement in the local newspaper promoting a STOP SMOKING & WEIGHT REDUCTION program through hypnosis, conducted by an unlicensed individual. The program was being sponsored by St. Mary's Hospital.

The member recalled a recent article in the Illinois newsletter about the amendment to the Illinois Clinical Psychologist Licensing Act making such practices a violation of the Licensing Act. The member also had a letter from State Senator Penny Severns stating that the amendment had been passed by the Senate and House and had been signed by Governor Edgar.

With both of these documents in hand, the member went to St. Mary's Hospital and talked to the Marketing Department where the hypnosis program had been initiated. The Marketing Department consulted with the medical professionals of the hospital, and they decided to cancel the program. Phone calls made to the hospital confirmed that the program had indeed been canceled and will not be offered again.

(Adapted from Illinois FMS Society Newsletter, April 1998)

Indiana: Families have used e-mail to help advertise their meetings. Notices of the meetings are sent by email to FMS friends and to others interested in

this problem. The email message encouraged recipients to contact anyone they knew from their area who could benefit from attending the meeting. We hope those to whom we sent email will know of individuals who are not on our mailing list.

New Mexico: "Was it worth it?" one of the organizers of a recent New Mexico FMS Conference asked at an after-conference-let-your-hair-down gathering. "It was a lot of work and money," he added. The members of the group gave their opinions about the good things that had happened because of the meeting, such as publicity in the paper, the chance to help new families, and the opportunity to get to know knowledgeable professionals in the community.

If the organizer still had any doubts about whether the effort was worth doing, they vanished when he read the following note on an evaluation form:

"The conference gave me the confidence to call my former parents-in-law and apologize for believing their daughter's false memories. We talked for one hour and are planning to get together soon. Thank you."

**Send your ideas to Katie Spanuello
c/o FMSF**

"[W]hen one designates oneself a 'child-abuse specialist' rather than, for example, a pediatric neurosurgeon or an expert in the biomechanics of head trauma, that very designation suggests a predisposition to find abuse even where none exists. It is rather like the experts in witchcraft of bygone eras, who reliably found signs and symptoms of demonic goings-on in even the most natural of phenomena."

Harvey Silvergate
Wall Street Journal, 11/11/97

Forgive Them

On September 14, 1993, in the office of her psychiatrist, my only daughter falsely accused me of sexual abuse. On May 23, 1998, she died at age 20 in a car crash, ending my faint hopes that some day she might retract.

This same day I believe a boy in Oregon murdered his parents. Peoples of different nations seem to maintain hate for each other over hundreds of years.

How is it that my wife and daughter hated me for harm I never caused and I don't hate them for the associated difficulties they caused me? I think the popular view is that hate is an emotional reaction to something bad that happened. I conjecture that hate is a reaction, not to what has happened to you as a person, but rather to an internal state of mind unrelated to the events that were considered to cause the hate. Quite a different state of mind was expressed by Christ: "Forgive them for they know not what they do."



A Dad

End the Nightmare

When sons or daughters wish to return to the family after first accusing their parents of heinous crimes and estranging themselves from the family, parents face a dilemma that is worthy of discussion. Some parents elect to accept the person back without reservation. Others demand a retraction and an apology. There seems to be no proven right or wrong answer. Perhaps each is an individual case that must be treated carefully. The following are some thoughts to be considered:

1. If the accusing child wishes to return to the family, it follows that the "influence" that created the illusions is loosing its grip. Otherwise why would the person wish to return to an "abusive" family? Recovered memory thera-

py is based on separation from family and any influence contrary to the therapies creation is simply not allowed. Doubts about whether the parents are monsters must exist or they would never risk contact with an alleged perpetrator.

2. The gradual restoration of contact and guarded non-threatening communication is an opportunity to counter the negative influence, and build on the positives - the good memories - the good times of family life, while allowing the "recovered illusions" to fade away. Parents are reminded that these created "memories/illusions" may still be as vivid and real to the victim as their true memories. Hopefully, these illusions will eventually fade and be forgotten. Many parents report that their child has little memory of their accusations, and only a "feeling" of being abused.

3. There has been a great deal of anger and hostility built up by the negative influence of the adult child that may need to be vented. The parents also have anger, grief, pain, and question how a child of theirs could come to believe these terrible things. The step towards the family is a step towards ending the nightmare. There is no more need by the accuser for manufacturing memories, building defenses, or confrontations. Calmer and wiser heads can prevail. This does not mean that the actions of the accuser are accepted or condoned, but instead are set aside in the interest of restoring and repairing the family relationships.

4. Finally, parents should consider that their children have inherited their genes. Inherited stubborn pride may very well prohibit them from admitting that they could have been "duped." It is

"Freudian theory is the water in which the sharks of recovered memory swim."

Fred Crews
The Observer Review
1 June 1997

surely as hard for them to admit that they were wrong as it is for the parents to admit their own errors. A forced admission of wrong doing is like a surrender that includes yielding to the future domination of the parents. Perhaps allowing a silent apology will speed growth and return them to the persons they were before therapy. Recovery from psychological damage is generally a slow process. Patients then are allowed to recover at their own pace. Remember that they have never needed their parents' guidance and understanding more than they do in recovery. Parenting is difficult.

Demanding an apology on bended knee may make the parents feel better, but a mutually satisfactory solution may achieve the desired results with a minimum of damage to all.

Robert M. Koscielnny



Responsibility

To "A Father and Mother" whose letter appeared in the April newsletter regarding the individual responsibility of retractors.

I agree that a returnee has no right to return to the family without discussing the "pink elephant in the living room" and apologizing and asking for forgiveness. However, it is important to understand the great span of retractor experiences in therapy before setting stiff rules to follow and saying a retractor is "avoiding responsibility."

I do not intend to "make excuses" for the retractor's accusation, but to explain the cognitive deficits many of us suffered which made it possible for the false memory to be implanted so convincingly.

*Many retractors were placed on a multitude of prescription drugs at the time of therapy. Some of these drugs have memory impairment as a side effect.

*Techniques such as hypnosis and visualizations put some patients into trances that last long after the therapy

session.

•Patients who have been age-regressed lose their judgment. They are incapable of realizing that the therapy is hurting them or of making a "good consumer" decision to change therapists.

I want parents to understand a bit more of the process their children may be undergoing. If a child had Alzheimer's disease, would you hold her responsible for everything? I think not. It is the therapist who holds responsibility to "Do no harm." The unfortunate victims are merely poorly educated consumers who got sucked into a scam. The scam was possible because critical thinking faculties were clouded by drugs and trances and regression therapy by a professional who was trusted.

Melody Gavigan

Past editor of Retractor Newsletter



Response to

"She Must Apologize First"

FMSF Newsletter, April 1998

Dear FMS Father,

As a falsely-accused mother, (the alleged "enabler" to my alleged "perpetrator" husband) I found myself very much in sympathy with your conditions regarding your FMS daughter should she ask to return to the family. In fact, they are synonymous with the conditions my husband and I had once talked about and planned to insist upon for our FMS daughter.

Your conditions are declared by a rational and justifiably angry parent who has been grievously harmed by false accusations and the pain of loss. They are cogent and reflect a belief in justice, fair play, and morality. But, at the same time, they may be so rigid they may preclude your daughter from ever returning thus keeping your loved one estranged, your family fragmented.

Perhaps the most difficult thing for us as parents to realize is that our chil-

dren have been exposed to (yes, even victimized by) a therapy which is deeply rooted in a cesspool of irrationality. It is a cult therapy which preys upon clients the same as a cult preys upon and controls its members. It resembles a dictatorial exclusionary club which demands allegiance and allows no input or interference from the outside world, from non-believers.

Repressed Memory Therapy is a "cloning" process evidenced by the fact that all FMS victims use the same terminology and, in fact, present families with only slightly modified versions of their stories, their "highest truth." Therefore, to ask our children to be rational or even "sane" at this point is analogous to insisting that a religious zealot instantly become an atheist! It simply will not happen.

Having been separated from our children for long periods of time we have been denied the opportunity to observe how emotionally (and sometimes mentally) ill they have become. Like persons who have been involved with cults, they are no longer in touch

"If there is one thing worse than 'remembering' your father raping you, it must be living with the knowledge that you falsely accused him of doing so. To admit that, even to yourself, is devastatingly hard. And if you do manage it, others can make it hard for you instead.

"Roger Scotford, director of the British False Memory Society, told me only last month of a case where a man had gone to prison after his daughter gave evidence of her 'memories.' When she eventually got away from her shrink's grip she wanted to withdraw her untruthful evidence and free her dad...but the police and the CPS warned her she'd be charged with perjury at his trial if she did. She flunked it; Dad's still inside."

April 5, 1998, Carol Sarler, *The People* (UK)

with the real world with its myriad complexities. They have been living a life based on fantasy and delusion, paranoia and hysteria. They have been led to believe this is reality. We are baffled and confused by their ability to appear rational and "normal." However, due to their experiences in "therapy," they may be neither.

This was made clear to us when, after years and years of "therapy," our FMS daughter was finally required to extricate herself from her therapist. "Losing" him she quickly decompensated, was hospitalized for three months and, for six long weeks, was so ill we anguished that she might not live. Thankfully, she survived. Our thinking has been transformed and now we are expending our energies hoping to help in her rehabilitation.

It has been almost two years and our daughter is slowly working her way back into reality and is endeavoring to return to the family. We honestly believe she does not yet know what happened to her as a result of her "therapy." We also do not know if she will ever fully recover. We are doing our best to help her by offering her our unconditional love and support but, as yet, cannot discuss "IT" with her as she is still fragile. Being innocent, we can live with this for now...

In your letter you use two very important words: "love" and "compassion" -- actions which often require us to give everything and to receive little or nothing in return. I would suggest that you hold onto and practice these two values in your interactions with your daughter (without, of course, putting yourself or others in harm's way) and avoid any time of confrontation or power struggle. Hopefully, your love and compassion will triumph over the suffering and the terrible injustice which you, your daughter, and your family have been forced to endure.

A Mom



NOTICES

Call persons listed for info & registration

EASTERN MISSOURI AND SOUTHERN ILLINOIS

**Saturday, September 19, 1998 9 a.m. - 3 p.m.
St. Louis, Missouri**

speakers: The Rutherford Family

Public and FMS family sessions

For information call Karen at 314-432-8789

HOLD THESE DATES

**Ohio/Michigan Conference
October 3 & 4 Toledo, Ohio**

**Illinois State Meeting
October 18, 1998 Chicago, Illinois**

THE RUTHERFORD FAMILY SPEAKS TO FMSF FAMILIES

*"This video helped me realize what my daughter
went through!" A Dad*

Don't miss it.

Order form on last page.

The Power of Suggestion,

**A documentary video produced by Sue Inder
Aired on March 31, 1998.**

**The price is \$36.24 U.S. or \$29.70 Canadian
Shaw Cable 11 Penticton, 1372 Fairview Rd, Penticton, BC,
V2A 5Z8, Canada**

**Appearances by: Barry, Beyerstein, Pamela Freyd, Roma
Hart, Michael Kenny, Elizabeth Loftus, Paul McHugh, Chuck
Noah, Richard Ofshe, Jim Pennington, and Stan Stevens.**

**The address of the web site maintained for FMSF by
Patrick Fitzgerald is: <http://advicom.net/~fitz/fmsf/>**

ESTATE PLANNING

**If you have questions about how to include the FMSF
in your estate planning, contact Charles Caviness 800-
289-9060. (Available 9:00 AM to 5:00 PM Pacific
time.)**

Does Your Library Have These Recent Books?

Hoax and Reality: The Bizarre World of Multiple Personality Disorder

August Piper, Jr., M.D. (Jason Aronson, Inc., 1997)

Lost Daughters: Recovered Memory Therapy and the People It Hurts

Reinder Van Til (Wm B. Erdmans, 1997)

***Manufacturing Victims: What the Psychology Industry is Doing to People* 2nd edition**

Tana Dineen, (Robert Davies Publishing, 1998)

Psychology Astray: Fallacies in Studies of "Repressed Memory" and Childhood Trauma

Harrison G. Pope, Jr., M.D. (Upton Books, 1997)

Smiling through Tears

Pamela Freyd and Eleanor Goldstein (Upton Books, 1997)

Spectral Evidence: The Ramona Case: Incest, Memory, and Truth on Trial in Napa Valley

Moirra Johnston (Houghton Mifflin, 1997)

Try to Remember

A novel by Zane Kotker (Random House, 1997)

Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice

Margaret Hagen (Regan Books, 1997)

**If not, you can make a difference by asking the library
to order them or, better yet, you could donate copies to
your library.**

If you don't care, who will?

Exploring the Internet

A new web site of interest to FMSF Newsletter readers:

<http://www.StopBadTherapy.com/> today!

Useful information on this site includes:

- Phone numbers of professional regulatory boards in all 50 states.
- Links for e-mailing the American Psychiatric Association, the American Psychological Association, the American Medical Association, and the National Association of Social Workers.
- Lists of online and printed resources: links, articles, books, videos.
- Ideas for taking action.
- Retractor stories from *Victims of Memory*.
- A way to submit your own story for publication on the net.

CONTACTS & MEETINGS - UNITED STATES

ALASKA

Bob (907) 556-8110

ARIZONA

Barbara (602) 924-0975;
854-0404 (fax)

ARKANSAS

Little Rock

Al & Lela (501) 363-4368

CALIFORNIA

Sacramento - (quarterly)

Joanne & Gerald (916) 933-3655
Rudy (916) 443-4041

San Francisco & North Bay - (bi-MO)

Gideon (415) 389-0254 or
Charles 984-6626(am); 435-9618(pm)

East Bay Area - (bi-MO)

Judy (510) 376-8221

South Bay Area - Last Sat. (bi-MO)

Jack & Pat (408) 425-1430
3rd Sat. (bi-MO) @10am

Central Coast

Carole (805) 967-8058

Central Orange County - 1st Fri. (MO) @ 7pm

Chris & Alan (714) 733-2925

Orange County - 3rd Sun. (MO) @6pm

Jerry & Eileen (909) 659-9636

Covina Area - 1st Mon. (MO) @7:30pm

Floyd & Libby (818) 330-2321

San Diego Area

Dee (619) 941-4816

COLORADO

Colorado Springs

Doris (719) 488-9738

CONNECTICUT

S. New England - (bi-MO) Sept-May

Earl (203) 329-8365 or
Paul (203) 458-9173

FLORIDA

Dade/Broward

Madeline (954) 966-4FMS

Boca/Delray - 2nd & 4th Thurs (MO) @1pm

Helen (407) 498-8684

Central Florida - Please call for mtg. time

John & Nancy (352) 750-5446

Tampa Bay Area

Bob & Janet (813) 856-7091

GEORGIA

Atlanta

Waille & Jill (770) 971-8917

HAWAII

Carolyn (808) 261-5716

ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)

Eileen (847) 985-7693

Liz & Roger (847) 827-1056

Joliet

Bill & Gayle (815) 467-6041

Rest of Illinois

Bryant & Lynn (309) 674-2767

INDIANA

Indiana Assn. for Responsible Mental Health Practices

Nickie (317) 471-0922; fax (317) 334-9839
Pat (219) 482-2847

IOWA

Des Moines - 2nd Sat. (MO) @11:30am Lunch

Betty & Gayle (515) 270-6976

KANSAS

Kansas City - 2nd Sun. (MO)

Pat (785) 738-4840

Jan (816) 931-1340

KENTUCKY

Louisville - Last Sun. (MO) @ 2pm

Bob (502) 367-1838

LOUISIANA

Francine (318) 457-2022

MAINE

Bangor

Irvine & Arlene (207) 942-8473

Freeport - 4th Sun. (MO)

Carolyn (207) 364-8891

MARYLAND

Ellicott City Area

Margie (410) 750-8694

MASSACHUSETTS/NEW ENGLAND

Andover - 2nd Sun. (MO) @ 1pm

Frank (508) 263-9795

MICHIGAN

Grand Rapids Area-Jenison - 1st Mon. (MO)

Bill & Marge (616) 383-0382

Greater Detroit Area - 3rd Sun. (MO)

Nancy (248) 642-8077

Ann Arbor

Martha (734) 439-8119

MINNESOTA

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

MISSOURI

Kansas City - 2nd Sun. (MO)

Pat 738-4840

Jan (816) 931-1340

St. Louis Area - 3rd Sun. (MO)

Karen (314) 432-8789

Mae (314) 837-1976

Springfield - 4th Sat. (MO) @12:30pm

Tom (417) 883-8617

Roxie (417) 781-2058

MONTANA

Lee & Avone (406) 443-3189

NEW JERSEY (SO.)

See Wayne, PA

NEW MEXICO

Albuquerque - 1st Sat. (MO) @1 pm

Southwest Room - Presbyterian Hospital

Maggie (505) 662-7521(after 6:30pm) or
Sy (505) 758-0726

NEW YORK

Westchester, Rockland, etc. - (bi-MO)

Barbara (914) 761-3627

Upstate/Albany Area - (bi-MO)

Elaine (518) 399-5749

NORTH CAROLINA

Susan (704) 481-0456

OHIO

Cleveland

Bob & Carole (440) 888-7963

OKLAHOMA

Oklahoma City

Dee (405) 942-0531

HJ (405) 755-3816

Rosemary (405) 439-2459

PENNSYLVANIA

Harrisburg

Paul & Betty (717) 691-7660

Pittsburgh

Rick & Renee (412) 563-5616

Montrose

John (717) 278-2040

Wayne (Includes S. NJ) - 2nd Sat(MO)@1pm

Jim & Jo (610) 783-0396

TENNESSEE

Wed. (MO) @1pm

Kate (615) 665-1160

TEXAS

Houston

Jo or Beverly (713) 464-8970

El Paso

Mary Lou (915) 591-0271

UTAH

Keith (801) 467-0669

VERMONT

(bi-MO) Judith (802) 229-5154

VIRGINIA

Sue (703) 273-2343

WASHINGTON

Phil & Suzi (206) 364-1643

WEST VIRGINIA

Pat (304) 291-6448

WISCONSIN

Katie & Leo (414) 476-0285

Susanne & John (608) 427-3686

CONTACTS & MEETINGS - INTERNATIONAL

BRITISH COLUMBIA, CANADA

Vancouver & Mainland - Last Sat. (MO)

@1- 4pm

Ruth (604) 925-1539

Victoria & Vancouver Island - 3rd Tues. (MO)

@7:30pm

John (250) 721-3219

MANITOBA, CANADA

Winnipeg

Joan (204) 284-0118

ONTARIO, CANADA

London - 2nd Sun (bi-MO)

Adriaan (519) 471-6338

Ottawa

Eileen (613) 836-3294

Toronto /N. York

Pat (416) 444-9078

Warkworth

Ethel (705) 924-2546

Burlington

Ken & Marina (905) 637-6030

Sudbury

Paula (705) 692-0600

QUEBEC, CANADA

Montreal

Alain (514) 335-0863

St. André Est.

Mavis (514) 537-8187

AUSTRALIA

Irene (03) 9740 6930

ISRAEL

FMS ASSOCIATION fax-(972) 2-625-9282

NETHERLANDS

Task Force FMS of Werkgroep Fictieve

Herinneringen

Anna (31) 20-693-5692

NEW ZEALAND

Colleen (09) 416-7443

SWEDEN

Ake Molier FAX (48) 431-217-90

UNITED KINGDOM

The British False Memory Society

Roger Scofield (44) 1225 868-682

(*) - see the State Meetings List, page 17.
 Deadline for the September Newsletter is Aug. 15.
 Meeting notices MUST be in writing and should be
 sent no later than two months prior to meeting.

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July 1, 1998

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Do you have access to e-mail? Send a message to
pjf@cis.upenn.edu

If you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". You'll also learn about joining the FMS-Research list: it distributes research materials such as news stories, court decisions and research articles. It would be useful, but not necessary, if you add your full name: all addresses and names will remain strictly confidential.

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Professional - Includes Newsletter \$125_____
Family - Includes Newsletter \$100_____
Additional Contribution: \$_____

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FALSE MEMORY SYNDROME

3401 Market Street, Suite 130
Philadelphia, Pennsylvania 19104 - 3315

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Mail Order To:
FMSF Video
Rt. 1 Box 510
Burkeville, TX 75932

FMS FOUNDATION
VIDEO TAPE ORDER FORM
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Ship To:

Please type or print information:

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ADDITIONAL CONTRIBUTION				
TOTAL DUE				

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THANK YOU FOR YOUR INTEREST